

Top section of the form containing personal information: Your first name and initial, Last name, Your Social Security Number, Spouse's Social Security Number, Present home address, Daytime phone, Home phone, City, town or post office, State, Zip Code.

Filing Status and Exemptions section. Includes boxes for Filing Status (4-7) and Exemptions (8-11). Exemption 10 includes a 'CHECK ONE if filing under an extension' section with options for 4 month (82D) and 6 month (82F) extensions.

Main table of tax calculations from line 12 to 48. Includes Federal adjusted gross income, various exemptions, Arizona adjusted gross income, standard deduction, personal exemptions, Arizona taxable income, amount of tax, and total payments/credits. Ends with TAX DUE (line 35) and AMOUNT OWED (line 48).

Signature section. Includes a declaration statement: 'I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete.' followed by lines for YOUR SIGNATURE, SPOUSE'S SIGNATURE, PAID PREPARER'S SIGNATURE, and PAID PREPARER'S TIN, DATE, and ADDRESS.

PART A: Dependents - do not list yourself or spouse

A1 List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.			RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2001

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2**

A3 Enter the names of the dependents age 65 or over listed above who do not qualify as your dependent on your federal return:

A4 List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.			RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2001

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11. TOTAL **A5**

PART B: Last Name(s) Used in Prior Years if different from name(s) used in current year

B6

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.
 If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.